

Conclusion Appropriate training, a robust competency framework and ongoing support is key to safe, effective and appropriate medication administration by healthcare assistants allowing patients to die in their preferred place of care.

P-126 REDUCING THE RISK OF FALLS AND PROMOTING INDEPENDENCE

Elsbeth McGloughlin. *Kirkwood Hospice, Huddersfield, West Yorkshire*

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Falls are common across older populations and in particular for people who have life-limiting illnesses. Our organisation wanted to reduce the risk of falls and minimise harm to patients whilst promoting independence, dignity and enablement across our in-patient unit and day therapy services. We felt the most effective way to implement multifactorial assessment and intervention recommended by NICE would be to adopt and utilise a hospice wide multi-disciplinary approach in line with an enabling and rehabilitative focus.

The ultimate aim of the project was to reduce the incidence of falls by promoting decision making and staff autonomy, equipping staff with skills, knowledge and tools to promote patient safety, dignity choice and independence. A key part of this was increasing the confidence of staff in the identification of appropriate falls interventions, taking into account individual patient preferences.

In 2016 a multi-disciplinary falls working party was established. The working party have regularly audited falls and documentation, linked with community services, developed documentation and care plans, updated knowledge, training and policy, and collaborated with internal teams. Currently a falls documentation audit is taking place.

The joint development and introduction of documentation has been a success, addressing concerns raised by staff and providing them with the tools needed to practically promote choice and independence. Since the introduction of the falls working party there has been a considerable increase in communication regarding falls and collaborative working as well as a reduction in number of falls and level of harm obtained from falls over the last three years. A large proportion of falls have been identified as unavoidable as part of the audit work undertaken, but staff have been more pro-active in managing falls and maintaining levels of patient independence and are reporting increased levels of confidence in promoting patient choice whilst maintaining autonomy.

P-127 ENHANCING PATIENT EXPERIENCE – FALLS PREVENTION WITHIN A HOSPICE

Jennifer Dacombe, Kerri McManus. *Countess Mountbatten House, Southampton, UK*

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Patient safety is a key domain of quality care within the hospice setting. It is important to ensure clinical excellence and promoting safety through standards of practice. It is widely acknowledged and accepted within the palliative care setting that the progressive deterioration of both cognitive and physical/motor skills with disease process, treatment

effects, and aging means falls are increasingly common. In addition patient autonomy becomes more important as they seek independence and quality of life as they deteriorate and death nears.

Standards Countess Mountbatten House is a 27-bedded inpatient unit. All patients on admission are assessed using a Falls Risk Assessment Tool due to their clinical condition and treatments all patients are highlighted as a high risk of falling and this is reflected in the recent data.

Data May 2017- April 2018 Countess Mountbatten House inpatient unit had 539 admissions with total of 86 patient falls, 59 of which were unwitnessed, 11 from patients walking/standing and 10 from falling from bed to floor (majority onto falls mats as part of the falls prevention plan of care). This a 25% reduction in patients falls compared to May 2016 – April 2017 when 503 patients were admitted with a total of 115 patient falls recorded, 74 of which were unwitnessed, 18 from patients walking/standing and 12 falling from a bed to floor. This demonstrates evidence best practice, prevention and management.

Falls management How have we achieved this improvement in our patient care? Observation bay created introducing bay watch, increased training and education, empowering staff at all levels to recognise high falls risks, act upon changes in patient condition promptly, improved collaborative working with families, low threshold for additional staff to provide 1:1 care, improved communication and initiatives with multi-professional team. Use of sensor and motion mats and turn-around project.

P-128 ALL ABOUT ME: THE PATIENT AS A PERSON IN PALLIATIVE CARE

Emma Austen, Sarah Wheatland, Sue Timms, Michael Partridge. *St Michael's Hospice, Basingstoke, UK*

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Background Patients with serious illness are at a risk of de-personalised, over-medicalised care as they move into later life (Shippee, Shippee, Mobley *et al.*, 2018). Research shows the importance of the expression of feelings and being seen as an individual during the advanced stages of illness (Kennedy, 2016; Sampson, Finlay, Byrne *et al.*, 2014).

Aim To evaluate our 'This is Me' white-boards from patient, relatives' and staff perspectives to identify their contribution to a person-centred approach in the hospice.

Methods Boards in patients' rooms were re-branded 'This is Me' boards. Patients and relatives were encouraged to write and draw on them, creating an expression of them as a person. Questionnaire feedback was analysed and themes identified (May-June 2018).

Results Patients and relatives:

- Patients felt it helped staff view them more as a person
- Provided a motivational function and a timetable
- Made the environment more personal and homely.

Staff:

- Informality and freedom of expression to project a new perspective
- The creativity deployed was uplifting
- Highlighted the uniqueness of each patient
- Power of visual imagery to inform care.